

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY <u>Pinal</u>	B. LENGTH OF STAY IN THIS TOWN <u>14</u> IN ARIZONA <u>14 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN <u>Randolph</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u> B. COUNTY <u>Pinal</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Home</u>		C. CITY OR TOWN <u>Randolph</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>none</u>				
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Henry</u> B. (MIDDLE) <u>Roebuck</u> C. (LAST) <u>Male</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>Negro</u>
6A. NAME OF SPOUSE <u>unknown</u>			7. DATE OF BIRTH MONTH <u>9</u> DAY <u>16</u> YEAR <u>85</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>69</u>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>common laborer</u>			IF UNDER 1 YEAR MONTHS <u>4</u> DAYS <u>28</u>	IF UNDER 24 HRS. HOURS <u></u> MIN. <u></u>
9B. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Oklahoma</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>
14A. FATHER'S NAME <u>unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	15A. MOTHER'S MAIDEN NAME <u>unknown</u>	13. SOCIAL SECURITY NO. <u>unknown</u>
16. INFORMANT'S SIGNATURE <u>Lola Brown</u>		ADDRESS <u>Randolph, Ariz</u>		17. DATE OF DEATH (MONTH) <u>February</u> (DAY) <u>14</u> (YEAR) <u>1955</u>
18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE (A), (B), OR (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† (A) <u>Coronary Thrombosis</u> DUE TO (B) <u>Constrictive heart failure</u> DUE TO (C) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>5 Dec</u> , 19 <u>54</u> , TO <u>14 Feb</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>4 Feb</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>7:30 A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
22A. SIGNATURE <u>James H. Boyd M.D.</u>		22B. ADDRESS <u>321 W. Central College Bldg</u>		22C. DATE SIGNED <u>16 Feb 1955</u>
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY) <u>NATURAL CAUSE</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Feb. 18, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Valley Memorial Park</u>
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Coolidge, Arizona</u>				
26A. DATE REC. BY LOCAL REG. <u>2-16-55</u>		26B. REGISTRAR'S SIGNATURE <u>Mrs Chas. D. Ellidge</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gale Maud Markey</u>
27B. ADDRESS <u>Coolidge, Ariz.</u>				